Donor Information (please print or type)

Name	
Company	
Billing Address 1	
City, State, Zip Code	
Pledge Information	
I (we) pledge a total of \$	_ to be paid □now □monthly □quarterly □yearly.
I (we) plan to make this contribution in th	ne form of: □cash □check □other.
Acknowledgement Information	
□ Please use the following name(s) in all acknowledgements:	
□ I (we) wish to have our gift remain anonymo	US.
Signature(s)	Date
	Cross Community, Inc
Please make checks, corporate matches, or other gifts payable to:	
	Unit #77355
	Ewing, NJ 08628